



**CIRCULAR**  
**PERFORMANCE ENHANCEMENT CLASSES**  
**CLASSES IX & X**

Ref: JHPS-R/CIR/PAR/34/2025-26

DATE: 04.11.2025

Dear Parent,

**Sub: Conduct of Performance Enhancement Classes.**

As per the request of several parents, we are pleased to inform you that the school will be organizing **Performance Enhancement Classes** to help improve students' academic performance.

During these **extended learning** sessions, students will receive **additional coaching** and be exposed to a variety of **learning resources** to help them; key concepts will be reinforced and additional coaching may help in improving their overall performance.

We encourage all parents to **avail this facility** and support their wards in making the most of this opportunity.

**The Performance Enhancement classes are scheduled as follows:**

AREAS	STRATEGIES
* <b>Objective</b>	* To help the students to perform academically better with individual attention.
* <b>Reinforcement</b>	* Simplify concepts. * English Grammar and Spellings. * Practice work sheets in the relevant subjects. * Educational videos of relevant topics. * Teach through Mind Maps and flow charts. * Discuss board papers for Grade X.
* <b>Assessment</b>	* Conducting test after every concept. * Review of the test.
* <b>Coordination</b>	* Update the parents and the class teachers about the progress.

<b>Duration:</b>	<b>3.00 p.m. to 4.30 p.m.</b>
<b>Days :</b>	<b>Tuesday &amp; Thursday (CLASSES IX &amp; X)</b>

**TRANSPORT**

	<b>Remarks</b>
<b>For school transport students</b>	<b>No payment required.</b> Buses will ply on <b>limited routes and stops.</b>
<b>Own transport students</b>	<ul style="list-style-type: none"><li>● Please make your own arrangement for the pickup of your ward.</li><li>● Own transport students who would like to utilize school transport during enrichment classes are requested to pay the amount of (Rs 1000 per month)</li><li>● <b>Limited routes and stops</b></li></ul>

Kindly fill up the consent forms as per the **bus routes mentioned overleaf** and send it across to us by 06.11.2025 positively.

Principal

**BUS ROUTES for the year 2025-26 (For Performance Enhancement Classes)**

<b>TT1</b>			<b>TT2</b>
<b>SNO</b>	<b>ROUTE STOP</b>	<b>SNO</b>	<b>ROUTE STOP</b>
1	KRUPA COMPLEX	1	KAREEMGUDA MAIN ROAD
2	CANARA BANK SAINATHPURAM	2	RAMPALLY POCHAMA TEMPLE
3	CROMA AS RAO NAGAR	3	RAMPALLY VILLAGE
4	ECIL X ROAD	4	ANNOJIGUDA VILLAGE FLYOVER
5	OPP MAHENDRA SHOWROOM KUSAIGUDA	5	NARAPALLY BUS STOP
6	NAGARJUNA NAGAR COLONY MAIN ROAD		
7	RELIANCE SMART POINT CHAKRIPURAM		
8	ROYAL ENFIELD SHOWROOM, NAGARAM		
9	NAGARAM X RD		
10	ST PETERS SCHOOL		
11	SIGN HOSPITAL		
12	NEAR TRENDS RL NAGAR		
13	REQUALFORD SCHOOL		
14	RAMPALLY POCHAMA TEMPLE		

<b>TT3</b>			<b>TT4</b>
<b>SNO</b>	<b>ROUTE STOP</b>	<b>SNO</b>	<b>ROUTE STOP</b>
1	SHIVAREDDY GUDA	1	PRAJAY SAI GARDENS
2	GHATAKESAR	2	BANDLAGUDA X RD
3	PARIVAR RESTURANT	3	CHEERYAL GRAMPANCHYAT ROAD,
4	KONDAPUR	4	BITS CAMPUS
5	JUNNARAM COLONY		

**CONSENT FORM**

**Date:** \_\_\_\_\_

I \_\_\_\_\_, Parent of \_\_\_\_\_ with admission number of \_\_\_\_\_ class \_\_\_\_\_ agree to send my child for the performance enhancement classes provided by the school.

Maths / Science / Social Science/II Lang/English

**Transport** : School Transport/Own Transport  
Evening Bus Route No: \_\_\_\_\_ Evening Bus Stop: \_\_\_\_\_  
(Please mention as per the routes & stops given)

Signature of the parent: \_\_\_\_\_  
Name of the parent: \_\_\_\_\_  
Phone number: \_\_\_\_\_

**Note:** Return the consent form on or before **06.11.2025** to the class teacher.

-----

**CONSENT FORM**

**Date:** \_\_\_\_\_

I \_\_\_\_\_, Parent of \_\_\_\_\_ with admission number of \_\_\_\_\_ class \_\_\_\_\_ agree to send my child for the performance enhancement classes provided by the school.

Maths / Science / Social Science/II Lang/English

**Transport** : School Transport/Own Transport  
Evening Bus Route No: \_\_\_\_\_ Evening Bus Stop: \_\_\_\_\_  
(Please mention as per the routes & stops given)

Signature of the parent: \_\_\_\_\_  
Name of the parent: \_\_\_\_\_  
Phone number: \_\_\_\_\_

**Note:** Return the consent form on or before **06.11.2025** to the class teacher.

-----

**CONSENT FORM**

**Date:** \_\_\_\_\_

I \_\_\_\_\_, Parent of \_\_\_\_\_ with admission number of \_\_\_\_\_ class \_\_\_\_\_ agree to send my child for the performance enhancement classes provided by the school.

Maths / Science / Social Science/II Lang/English

**Transport** : School Transport/Own Transport  
Evening Bus Route No: \_\_\_\_\_ Evening Bus Stop: \_\_\_\_\_  
(Please mention as per the routes & stops given)

Signature of the parent: \_\_\_\_\_  
Name of the parent: \_\_\_\_\_  
Phone number: \_\_\_\_\_

**Note:** Return the consent form on or before **06.11.2025** to the class teacher.